

Arizona Department of Economic Security Division of Child Support Enforcement ABSENT PARENT INFORMATION UPDATE

YOUR NAME:			
ATLAS CASE NUMBER:			
DATE COMPLETED:			
PRINT LEGIBLY - PRESS FIRMLY - USE BLA			
1. What is the absent party's Name (last r	ame, first, middle initi	ial)	
2. What other name(s) does the absent p	party use such a	is an alias or nicknam	e, etc.
2 What is the about party's hirthdate	(11/)		
3. What is the absent party's birthdate (m	m/dd/yy)		
4. What is the absent party's approxima	te age (If do not kn	ow DOR)	
What is the desent party is approxima	ite age (i) ao noi kii	ow Dob)	
5. What is the absent party's birthplace	(City, State or Country	y)	
6. What is the absent party's social secu	rity number.		
7. What is the absent party's residential	address (Street, C	City, State, and Zip Code)	
		1 5	,
8. What date(s) did the absent party resi	ide at above ado	dress: From:1	0:
9. Any other person(s) residing in same		es No (If yes, list	below Name & Relation)
1 2 10. What is the last known residential ac		agant nautry as a su	
10. What is the last known residential ac	idress for the at	DSEIIL Party (No. Street, Ci	ty, State, Zip)
11. What is the mailing address for the a	hsent party (IF A	ifferent than residential address	
11. What is the manning address for the a	osent party (1) at	gjereni inan residentidi ddaress)	
12. What is the last known mailing addr	ess for the abse	ent party (No. Street, Cit	ty, State, Zip)
5		1 7	, 1,
13. What is the absent party's home pho	ne number?		
13. What is the absent party's nome pho	ne number:		
14. What is the absent party's self emplo	oved business o	or work phone number	·?
and the same of th	. ,	- · · · · · · · · · · · · · · · · · · ·	
15. What is the absent party's other alter	nate or messag	ge phone number	
16. AF's Hair Color: Height: Weight	t: Sex:	Race:	
Ft: In:			
17. Does the absent party wears eyeglass		<u></u>	
18. AP identifying physical marks (Tattoos	or Scar):		_
19. AP Disabled: Yes No			
20. Date AP was last seen?	By Whom	l :	

21. What is the name of the AP mother's name ?(Last/Maiden, First, Middle I.)				
22. What is the AP mother's home phone number?				
23. What is the AP mother's address ?(Street, City, State and Zip Code)				
24. What is the AP father's name? (Last, First, Middle I.)				
25. What is the AP father's home phone number?				
26. What is the AP father's address ?(Street, City, State and Zip Code)				
27. AP's Current Employer:Phone Number				
Salary:\$per (hr., wk., mo., yr.)				
28. AP Current Employer's Address:				
29. AP's Occupation:				
30. Last known Employer: Emp. Phone No.:				
Dates of Employment:// Salary: \$ per (hr., wk., mo., yr.)				
31. AP resides or employed in a reservation?				
32. If so, name and address of reservation?				
33. AP Served in the Armed Forces? Yes No If Yes, From: To: What Branch?				
Rank: What Branch? Current Status: (Circle appropriate letter) Active Y / N Retired Y / N Disabled Y / N Receives disability pension Y / N				
What Branch?				
Rank: Current Status: (Circle appropriate letter) Active Y / N Retired Y / N Disabled Y / N Receives disability pension Y / N Bad Conduct Y/N Dishonorable Y/N General Y/N Honorable Y/N Reserved Y/N 34. List all vehicles owned by the AP (Cars, trucks, motorcycles, motor homes, boats, airplanes, etc.)				
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Rank:				
Rank:				
What Branch? Current Status: (Circle appropriate letter) Rank:				
Rank:				
Rank:				

Date(s) From: To: R	Reason:	Name of Jail/I	Prison	County:				
Date(s) From: To: R	Reason:	Name of Jail/I	Prison	County:				
Date(s) From: To: Reason: Name of Jail/Prison County: 38. Is the absent party currently married? Yes No								
If Yes, To Whom (Name) (Last Name, First, Middle Initial)								
39. What is the AP's current wife's phone number and address (No. Street, City State, Zip Code)								
40. Names of Schools attended by the AP (Trade school, high school, colleges, universities, or technical schools etc.)								
Name:	Address:		Phone:	Year:				
Name:	Address:		Phone:	Year:				
Name:	Address:		Phone:	Year:				
41. The names of all unio								
Name:	Addragg		Dhonor	Vaaru				
Name	Address		FIIOHE	1 cai				
Name:	Address:		Phone:	Year:				
Name:	Address:		Phone:	Year:				
42. List any type of licenses held by the AP (Example: Contractors, Barbers, Real Estate, Sales Tax, Fishing etc.)								
Type: Issued Date	e: Exp	oiration Date:_	Active	Revoke				
Type: Issued Date								
Type: Issued Date								
Type: Issued Date	e: Exp	oiration Date:	Active	Revoke				
43. What property does t	he AP own? Y	es No	If so Where	27				
13. What property does t	ne m own. T	C5 1\0_	11 50, When					
Address:		_ City ;	State					
A 11								
Address:		_ City S	State					
44. What sources of inco	me does the AF	P have?						
Veterans Benefits \$ per mo. Social Security Benefit \$ per mo.								
Industrial Com \$ per mo. Unemployment Benefits \$ per mo.								
Other (specify)								
Other (specify) 45. Where and When did the AP file his/her Income Tax Return?								
State: Year: Name of Accountant:								
State: Year: Name of Accountant: Name of Accountant: No								
Visa Account No		_ Master Card	Account No					
Discover Card Account NoAmerican Express Account No								
Other (s) Credit Cards(specify)								
47. Indicate any checking, savings, or loan accounts the AP has:								
J	J, G-, 10	: : : :::::::::::::::::::::::::::::::::						

Name of Bank:			
Name of Bank:	_ •		
Name of Bank:			
Name of Bank:	_ City and State:	Account No.:	
40 WH 4 1 AD 11 14	1 0		
48. What is the AP public assistance	ce case number?		
49. What is the AP's current girlfri	end name? Yes	No	
Name: How 50. When did the AP leave?	me Phone Number:		
50. When did the AP leave?			
51. Why did the AP leave?			
70 W/I 11 AD / 1		// 41 1 0	
52. When will the AP return or bes	t time to contact his	m/ner at nome phone?	
53. What support payments has the	AP made to you?	Yes No	
☐ Via court Amount:			
Direct to You Date of Last	Payment:	County and State	Other (specify)
How Often: 54. How would you try to find the	AP if the child (ren) were seriously ill and v	vanted to see the
him/her?	`	•	
Other information you would like t	to provide about the	Absent parent:	
			<u></u>
			
			
INTERVIEWER NAME (Last Name, First,	Middle I.) Site Code	ATLAS Case No.	DATE:
	I		